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A Monthly Devoted to the Advancement of

Medicine, Surgery, and the Coateral Sciences.

H. T. WEBSTER, M. D., Editor and Publisher.

Professor of the Theory and Practice of Medicine in California Medical College.

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PREPARED BY

JAMES I. FELLOWS, Chemist,

48 Vesey St., New York.

Circulars sent to Physicians on Application. FOR SALE BY ALL DRUGGISTS.

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H. T. WEBSTER, M. D., Editor.

Vol. 9. Oakland, Cal., January, 1888. No. 1.

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PIPER METHYSTICUM, NATURAL ORDER PIPERACEÆ.

BY JOHN FEARN, M. D., OAKLAND, CAL.

The common names are ava kava, kava kava, intoxicating long pepper.

In its own country it is or was used as an intoxicant, and is prepared by masticating the root to a pulp, covering this with water, macerating for a short time, and then drinking it. Prepared in this way the taste is said to resemble a solution of soapsuds and tannin.

As a remedial agent it has long been known, and yet there are few physicians who appreciate its value as they should.

Therapeutics.—That it is in large and even medium doses a stimulant everyone who has ever used the drug will be ready to admit—and I think this is where many practitioners have erred in its use—it has been used chiefly in diseases of the genito-urinary apparatus, as gonorrhœa, gleet and chronic catarrh of the bladder.

My own observations have led me never to use this remedy in the inflammatory stage of these diseases, unless in very small

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My own observations have led me never to use this remedy in the inflammatory stage of these diseases, unless in very small

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doses; the remedy is so stimulating to the mucous membrane that in conditions of active congestion the trouble is very much aggravated.

About five years ago a friend of mine practicing largely amongst seamen and lumbermen, asked for some good therapeutical remedy for the relief of long-standing gleet, etc. I called his attention to this remedy, piper m. After using the remedy for some time he wrote me of the wonderful success attending his use of the remedy. But said he, "If I use it in large doses it makes the trouble worse." He said the strength he was then using was 10 drops of spec. piper methysticum in 4℥ water, the dose one teaspoonful; the results were more than satisfactory.

A dose like the one just mentioned would do no harm at any stage, but larger doses would be better after inflammation had been subdued. My own way of using the remedy is first by the use of the special sedatives to combat inflammation, then begin with this remedy. The dose will vary from ʒss to ʒij spec. ava kava in a 4℥ mixture say of syr. rhei. et pot., dose of this would be ʒi four or five times a day, so that the patient would get from 1 to 5 gtts. for a dose. I have never exceeded these doses. The success has been very pleasing, restoring tone to the weakened mucous membrane and consequently stopping the discharge, whether it be from urethra, prostate or bladder.

But the principal use of this remedy to which I would call attention is that of a gastric stimulant, and of these it is one of our mildest, and yet most certain and efficient; it belongs to the class piperaceæ, a class which furnishes stimulants. My investigations in this line were first started by the observations of my patients. Many of these came to me after long and nauseous medication at other hands for genito-urinary troubles. They had dyspepsia and anorexia directly attributable to drugging. They did not long use this remedy before they began to ask how it was that their appetite and digestion were improving so fast. As a result of the observations started by these queries, I began to use the remedy in cases where gastric stimulants were indicated; the results were very satisfactory.

A few years after this our city was inundated by advertisements setting forth the advantages arising from the use of the great Australian tiger root, a wonderful and never-failing remedy in dyspepsia in all its protean forms. The root was being sold at $2.00 per ounce, according to the assertions of parties well known to me, and I saw one case of a man who was fast becoming a slave to its use; whenever you saw him he would be chewing the remedy. After this had gone on some time a well-known dentist in Oakland met me and, after usual salutations, said: "Doctor, do you want to make some money?" I informed the gentleman I was open to a proposition of that kind, if the money could be made honestly. The doctor then said: "I know where you can buy a half interest in a wonderful dyspepsia remedy."

I at once informed the doctor I was not buying interests in patent medicines. He asked me not to be too precipitate. Said he, "You know I have suffered with my stomach." I admitted I did know something about it. "Well," says he, "the remedy is the great Australian tiger root, and it has helped me." With this he took a chunk of the root from his pocket. I said, "Let me look at it." I examined it and found it to be PIPER METHYSTICUM. I said to the doctor, "I have plenty of that and have been using it for years." The doctor thought I must be mistaken. I invited him to my office, gave him a piece, he smelt and tasted it and after some consideration cried, "EUREKA." I informed the doctor I could sell it him at twenty-five cents per ℥ for the dried root, and suffice it to say he no longer paid $2.00 for it. The secret was out—the boom in tiger root, the infallible dyspepsia cure, was broken. The advertisements were stopped, and Oakland was no longer filled with the praise of this remedy. The remedy is not only stimulant but tonic, and yet it is good practice to combine it with some of the bitter tonics. A very good form for using the remedy is as follows:—

℞ Spec. piper methysticum, ʒss to ʒij.
Spec. nux vom., gtts. x to gtts. xx.
Syr. rhei. et pot., ℥iv.

M. Sig.—Ten minutes before or immediately after eating, ʒi.

Practitioners can make their own combinations with hydrastis, cornus, Florida, columbo, etc., etc. It is a most excellent remedy, and careful investigation with it either as a single remedy or in combination will give satisfaction and pleasure to the prescriber and user. I will close by saying, not the least of the advantages of this drug is that it is pleasant to take, never excites nausea or disgust.

THE CAUSE OF DIPHTHERIA AND THE DIFFERENCE BETWEEN DIPHTHERIA AND CROUP.

BY DR. J. P. SCHMITZ, *Prof. of Physiology and Nervous Diseases in the California Medical College, San Francisco.*

[Read before the State Medical Society.]

MR. PRESIDENT AND FELLOW MEMBERS: Having been requested by our worthy President to prepare a paper on some subject for this, our annual meeting, I will briefly state, as far as I have gathered from different sources, my opinion of the cause of diphtheria, and the difference between it and croup.

Diphtheria is of great antiquity; in fact, the oldest epidemic disease of the human race. Homer, Hippocrates, Aretæus and Macrobius have described it under the name of Malum Ægypticum, as a disease greatly to be feared.

In the seventeenth and eighteenth centuries it spread all over Europe. In 1821 Bretoneau named it angina diphtheritis, on account of its characteristic exudation. It is not confined to any climate, but occurs in all countries, in damp, marshy and in healthy, dry regions, in large cities badly drained, and in cities with the best sewerage. It is found also in mountainous countries and in high altitudes, in fact, everywhere, and cannot be excluded by any known local conditions. There is scarcely any disease about which so much has been written and so many different theories advanced in regard to its cause and effect.

Diphtheria is a very severe, infectious, blood-poisoning disease, and the local affection in the throat of a fibrine-like exudation, or false membrane, may mechanically cause the death of a child before even the blood, the heart, kidneys, spleen or nervous system become affected. But the false membrane does not constitute, nor is it confined to, diphtheria, because it is also found in croup, in the large intestine in case of dysentery, and in some other diseases. From this we become convinced that the false membrane, simply, is not the cause of diphtheria, but that a subsequent transformation of the membrane and underlying parts is necessary to produce the poison, which may, according to its severity, prove to be only a local affection, or, on the other hand, may involve and affect the entire constitution. The mucous membrane, to which atmospheric air has access, for instance the throat, nose and eyes, we may call external mucous membrane. Whenever an inflammation of the substance of such external mucous membrane occurs, the circulation becomes impaired, or perhaps entirely cut off, an exudation and transformation of said membrane takes place, it coagulates, thickens and dies, and in it certain micrococci are produced, which have the function and power not only to destroy the affected part, but to set the whole system in a diseased condition, even to the extent of destroying the vital part of the blood. It is the defective or partly destroyed circulation in the substance of the mucous membrane and neighboring tissues that then mortifies on account of the cessation in the supply of nourishment. Especially is that the case if the tonsils become thus affected, and this distinguishes diphtheria from croup, in which latter disease the effect lies upon the surface of the mucous membrane, and on that account remains only a local affection, and not constitutional.

This alone should convince those of their error who adhere to the false theory that diphtheria and croup are the same. Again, the respective clinical pictures which they present, the different dangers with which they threaten the life of the patient, the attack of diphtheria on both young and old, croup only the young, and above all the different and distinct treatment required in points so essential, give us a decided opinion of the difference between the two. Croup is a simple form of inflammation in which a fibrinous exudation occurs upon the surface of the mucous membrane, and which does not pass the local boundaries. I said upon the surface, because it does not penetrate deep into the tissues like diphtheria.

Diphtheria attacks generally such mucous membrane and tissues as are in the condition of the severest catarrhal inflammation, and no part of the body is so prone to such inflammation as the tonsils. A certain grade of cellular infiltration of the sub-epithelial connective tissue occurs in every catarrh, so also in the croupous inflammation; but in diphtheria it not only appears as a quantitative increase, an excess of the process of new formation, but also penetrates deep into the substance of the mucous membrane and adjacent tissue, and the whole is rendered partly anæmic, even by the excessive infiltration with cells, and it can undergo no other change than those of putrefaction and decomposition.

It is very questionable if it is essential for the decomposed tissues at the time to come in contact at their surface with putrefying bodies undergoing decomposition, as particles floating in the atmosphere, etc., and I rather believe that the development of micrococci in the decomposed tissues is by the simple contact with oxygen, and it may not be wrong to call it spontaneous. The ground for this belief is that no altitude, hygienic conditions or climate, seem to influence diphtheria. That oxygen plays a part in the production of that new life in such decomposed tissue or membrane may be verified by the fact that the same kind of membrane and similarly affected, but situated internally, never produces genuine diphtheria, neither that constitutional disturbance that it does in such affected membrane if situated in the throat, eye or rectum, where oxygen has direct access. Whenever the stomach or intestines become affected with true diphtheria, it may be on account of swallowing the diphtheritic masses or by the extension of false membrane from the pharynx to the œsophagus, and so continuing to the stomach and intestines. Dr. Ebert stated years ago: "Without micrococci there can be no diphtheria." In the development of diphtheria it does not require an entire or permanent stoppage of the circulation in the substance of the tissue, but only a functional impairment for a while, to produce the before stated dying off or necrosis of the part; furthermore, the cause to produce the defective circulation is not required to take place at the spot of coagulation and infection, but is sufficient if it takes place even at a remote part, yet, of course, by being anatomically in relation with the functional disturbance. Now, how may we understand by what cause or manner the functional circulatory impairment in the tonsils, for instance, is brought about? Wet feet or a severe cold may bring that state about just as well as any other cause, by a peculiar, moist and sharp atmospheric influence, which has the effect to produce in children especially a severe cold on the tonsils (children you know between the age of from two to twelve years generally have large tonsils). At first the affected tonsils become swollen and the fibrous structure contracted sufficiently to strangulate the epithelial as well as the deeper structure to become œdomatose, swollen and hemorrhagically infiltrated, the cells die, and the epithelial structure lumpy and thick, and we have the false membrane, composed of destroyed epithelial and the newly formed fibrous membrane consisting of death-cell material and the inflamed superficial mucous membrane and the altered blood particles. If the affected structure is deep or considerably strangulated, the part becomes afterward necrose, or, better said, gangrenose, and sloughs, leaving a deep hole or spot on the tonsil, which we so often notice even in after years in persons who were severely attacked by diphtheria. If we attempt to remove the false membrane with an instrument, we are generally not successful in the earlier period of its existence—rough force causes wounding and bleeding. A sharply defined boundary line generally separates the living from the dead tissue, as we can convince ourselves with the naked eye, but numerous connective-tissue fibers, bloodvessels, nerves and elastic fibers, pass over from the living into the dead tissue, and they must all be separated ere the loosening by itself can proceed. After the loosening is completed, an ulcer remains behind which is disposed to rapid cicatrization; or, as it often happens, the process repeats itself again at the same place, and a new scab forms.

I wish to go back again in explaining the difference between diphtheria and croup, and, in doing so, may succeed in making myself, as well as the workings of either disease, more fully understood. We have, as stated before, in croup as well as in diphtheria, the false membrane. In croup it is simply a transformed and altered membrane, which may cause death to the patient by mechanically locking up the air-pipes and causing suffocation or anæmia from lack of oxidation of the blood, or an accumulation of carbonic acid, but it never directly, by its animalculæ life, destroys the blood, that is, the red corpuscles—but the diphtheritic cocci once formed and having gained access into the blood, destroys directly the red corpuscles, and in that the very life of the patient, unless the progress and further development of said cocci is checked.

Again, a non-complicated case of croup, if the throat is sufficiently free and clear, never dies; but an uncomplicated case of diphtheria, once having become constitutional, always dies, even if the throat is free and clear, unless further progress is arrested. Croup is and remains (if no other disease exists) always a local affection; diphtheria is primarily local, but afterward may become constitutional. There can be no doubt that in croup the membrane contains peculiar micrococci, but which have no power or function to propagate or penetrate further than the adjacent epithelia and membrane, neither to attack or destroy the blood. In diphtheria the membrane contains micrococci which have the power to propagate and penetrate into nearly all kinds of tissues, and whose special affinity and function seems to be the destruction of the vital part of the blood, consequently sure death if allowed to run on.

Croup, simply, is not contagious, although the same influence that causes croup in the one child may bring it about in others, but if croupous membrane be applied to a wound of the muscular tissues, it cannot propagate. On the other hand, if diphtheritic membrane be applied to any lesion on any part of the body, it immediately propagates and the part becomes gangrenous-like, or dead. Croup is only a disease of the throat, larynx, pharynx and trachea. Diphtheria not only attacks these parts, but we also have diphtheritic ophthalmia, diphtheritic rectum, etc., even all kinds of external wounds may become attacked. That the diphtheritic poison once in the system may produce diphtheritic nephritis, or diphtheritis in the intestines or bladder, etc., there can be no doubt. Furthermore, it may, when once developed, also be contracted by contact with objects and persons infected with diphtheria, and is therefore to be considered a highly contagious disease. The period of incubation depends, first, on the quality and quantity of the infecting materials, and secondly, on the power of resistance, as well as the different kinds of structure and texture of the tissues. The action of diphtheritic matter on tissues begins the moment it comes in contact with them, but changes in the diseased tissues and constitutional disturbances, as fever, etc., do not take place until the irritation and process of infection have reached a certain degree of intensity. Of course, the time of incubation and signs of the diphtheritic process, both local and general, will appear earlier where the local conditions are more favorable, for instance, where the anatomic structure is already abnormal, the protective epithelial layer is partly or wholly removed, or by direct inoculation. In such cases the infection may be noticed inside of twenty-four hours, when a dirty gray layer and other signs of infection appear. I had a case where a mother and daughter from the country made a visit to friends in this city; the little girl rushed into the house and repeatedly kissed her little cousin in bed suffering with diphtheria before the mothers got through with exchanging greetings at the door. The third day the little girl showed signs of diphtheria and had to pass through a severe attack. In this case the time of infection was surely not over two days and a few hours. In the formation of false membrane the upper surface is transformed and rapidly decomposes and soon fills with micrococci. The destroyed cellular elements, tissues and the hemorrhage from the destroyed capillary vessels give the membrane that dirty gray, brown color. Experimenters in Europe have found that in cases where the fibrine is freely poured out upon the surface of the mucous membrane and an extensive cell infiltration had already taken place in the tissue, the mucous membrane was filled with micrococci, yet in the tissue underneath there were none to be found; and cases have done well without taking on that serious infection of diphtheria, because the micrococci have been thrown off and had no chance to enter the blood. This plainly points to the local affection first, and why a case may get well in a few days, or may be changed into the more serious form.

With this view, diphtheria may primarily be caused by cold, bringing about defective circulation in the substance of such mucous membrane and neighboring tissues to which oxygen has direct access, consequent formation of false membrane and subsequent development of micrococci, which act as the destructive poison.

SHALL WE NOT GIVE SOME CREDIT TO NATURE'S PROCESSES?

BY J. G. PIERCE, M. D., SEBASTOPOL, CAL.

ALL natural phenomena are governed by fundamental laws. Perturbations arise from a temporary disturbance of these laws. As cold is the negative of heat, we have as an effort to equalize temperature the zephyr and the tempest. The earthquake is a convulsion of terrestrial throes to equalize some disturbed forces within. Equilibrium is the law of inertia; but as forces are multiple in the elements, each striving for the place of the other, we have the laws of motion and life.

It is not my purpose to read you a treatise on Natural Philosophy, but directing our thoughts to that which governs the elements that are perturbed will tend to divest ourselves of formulas and empiric rules for restoring abnormal conditions. Yet measures are often applied with the same lucid reasoning given by the student of philosophy who answered that a body simply fell when support was removed from it.

T. F. Heeber, in a paper on the pulse and nervous system, which the *Medical Analetic* says is "mainly suggestive," asks some very pertinent questions. He asks: "Are we in our daily routine of practice using the best therapeutics in our treatment of disease in which we find abnormal pulses? Should we not use nerve stimulants in some, and nerve sedations in others, to control the circulation? Should not the condition of the vasomotor and sympathetic be more carefully sought for? Should not the touching of the pulse be more careful before assuming too much from its rate, quality, and quantity? Should not nerve stimulants be more serviceable in 'toning up' of the circulation in many cases than heart tonics? . . . Can we truly give a correct idea of the circulation without a thorough examination of heart, veins, arteries and nervous system collectively?"

These suggestions imply a knowledge of the general defective manner of examinations as usually conducted for the purpose of diagnosis on which to base a treatment; that we are too often satisfied with a casual touch of the pulse as to its tension and frequency, and do not examine the motor that propels it, or the nerves which control and regulate it. They also indicate a knowledge of the too prevailing complacency in accepting the axiom that undue exaltation of temperature must be met by sedation direct, and with such force as to effect inhibition, as the correct means with which to control it.

The writer from whom the above quotations are taken is speaking for a class of physicians that are still trammeled with the influence and traditions of the past and are but emerging from the antiphlogistic period, but, like fugitive rays of the sun through the passing clouds, are giving promise of a brighter day.

Not having the pleasure of reading the paper of Dr. Heeber *in extenso*, I am deprived of the advantage that a thorough elaboration due to the subject would give. And while disclaiming the attention or ability to treat it in exhaustive detail, I may be permitted to examine some of the reasons for failure in the application of remedies in diseased conditions. Like the pendulum to the clock, the pulse must move synchronously with, and to the extent of force and facility of, movement of the power behind it. But, unlike the pendulum, after the initial force has set it in motion, it has the power within itself of something like independent movement. The heart is an active body receiving from the veins and expelling its fluid contents through the arteries, which are at first expanded, but immediately contract upon and behind the volume imparting the impulse. The heart and arteries are alike dependent upon certain nerves for volition, nutrition, and sensation, but with this difference: the arteries receive mixed filaments from and through the sympathetic, one highly endowed with the function of volition, the other with that of nutrition.

Huxley remarks that "the circulatory system is the commissariat of the physiological army. And by it (the nervous system) the working of the heart is properly adjusted, and the calibers of the distributing pipes are regulated so as indirectly to govern the excretory and combustive processes." But what modifying conditions do we find in diseased states? It is true the attempt to carry on the physiological processes will be continued, but extra effort will be required and accelerated movement of the circulation will be observed. The nerves of organic life cease in a measure to be effective in their nutriment and eliminating functions. The capillaries which lie in exact relation to the tissues of the body become engorged with the rushing torrent. Heat is evolved, and we have an elevated temperature.

This is the picture of a simple fever, so far as the record is made up for the circulation. Modifying influences either centric or remote will determine the character of the impulse, whether it be slow or fast, hard or impressible, intermittent or regular. As a leading feature in the means for diagnosis, the study of these variations is important. But remembering that it is probable you are all as familiar with them as myself, I will only notice them to some extent in connection with measures for correction. Fever and inflammation, during the history of medicine, have formed the starting-point on which to build a system of therapeutics. And until recent years, the process of reasoning has usually resolved itself into a circle, *to wit*, fever was regarded as an enemy to the body, with a constant tendency to destroy it, if not combated with heroic remedies. If the advancing foe could not be frowned down in the open field, the bridges must be torn down in front of it. If it were profitable to review the past history of therapeutics in this direction, it would not now be expedient to do so.

The sanguineous torrent is not diverted to-day, as of old, by digging irrigating ditches in the forearm, nor the nerves thrown into fits by an eight by ten blister; but we have as the fashion instead, ANTIPYRETICS, the same old idea of forcible and entire inhibition of febrile efforts. For, as practiced by the advocates of this method of treatment, it is to administer anti-pyrine, anti-febrine, kairine, and analagous remedies in such quantities as to lower or prevent an appreciable rise of temperature. This practice we would have to admit as logically correct, if the fact were proven by experience in its application that fever in its essence is the disease. This is a speculative theorem that I shall not attempt to negate nor affirm. But logical and correct views may be educed by an impartial observation of the character of an agent and its influence when employed in given quantities for a specific purpose. Perhaps no fairer estimate of a remedy and its influence in the vital economy can be given than that claimed by an earnest advocate--fair, at least, in not underestimating its value. In an article published by Drs. A. Cahn and P. Heep in advocating the claims of anti-febrine to superiority over anti-pyrine, kairine, etc., they do not fail to assert its harmlessness and decided virtues for reducing temperature when given in maximum doses. But to quote their own words: "We must remark, however, that notwithstanding the harmlessness of this medicament in very large doses, a certain—at least a determination of the individual's sensibility is necessary. For we have several times in cases of very atonic, exhausted organisms seen the temperature sink far below the normal after medium doses, and smaller doses than found fully sufficient. . . . After a considerable reduction of temperature has taken place, the patients become pale, in rare cases slightly cyanotic. This discoloration was mentioned by us already in our former communication, so as not to pass in silence over anything that might arise as a cause of disquietude in subsequent tests. We have now and anon again witnessed this phenomenon, but never in any considerable degree; it occurred when the skin was chilly to the touch. It seems hasty to consider this symptom in itself an evidence of *analism*, as the same cyanotic discoloration of a most decided character is found after the use of kairine in not a few cases, also after medication by anti-pyrine."

I make these quotations, not for the purpose of condemning these agents that are found so capable of producing such decided impressions, for all other agents of decided character may be met with the same objections; but for the purpose of illustrating the probability at any time of doing great damage when a theory is based upon a law of forcible resistance, and agents are habitually employed in maximum quantities to enforce that law. Remedies so convenient as these, with claims of such universal application in elevated temperatures, in the hands of indifferent or careless practitioners will reap a bounteous harvest of "cyanotics." Not solely from the chemical quality of the analines, which may render them more liable, but that veratrum, aconite or any other powerful sedative, when given to the extent of producing complete anti-febrile action, is liable to meet with irregularities of the circulation or nerve deficiency that will prove them unsafe when used in that manner. Not all are so careful as Dr. Heeber to ascertain whether "nerve stimulants" are not required in place of "nerve sedatives to control the circulation." If to suppress the fever were to cure the disease, and there were no probability of recovery without it, then we would be justified in taking all chances of doing harm, for the possible good that would follow. Drs. Cahn and Hepp report a case of typhus abdominalis of a duration of thirty days, which, they say, "was for twenty-three days successfully combated by anti-febrine"! Could the essence of moonshine have done less, since we are told in the history of the case that he had "packings" and "ablutions"? Good hydropathy well applied ought to have done better, with a free action of the heart and nerve centers otherwise unimpaired than from the disease. We might here paraphrase the scriptural injunction to go to the lilies to learn wisdom by enjoining such to go to the cow-boy and learn tactics. They toil not to throw themselves in front of the stampeding herd, but upon its flank. "Solomon in all his glory was not arrayed like one of these," nor could he corral his harem with greater facility than they can turn the raging herd upon itself to spin out its frolic and cease of its own inertness.

But perhaps we would not be accredited with honorable warfare if we did not show the color of our own flag. I believe we have a better philosophy. It is based upon the knowledge that there is a natural tendency toward recovery so long as there is power in the vital forces to give expression in the form of fever.

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I believe that fever is a vital expression of discontent because of some offense being committed in the bodily domain; that it is our duty, if possible, to ascertain the cause of offense, and assist in its removal in accordance with physiological laws, by sustaining functions of the body that may be impaired and therefore incapable of acting in harmony with a normal standard. In order to be sure that we are right in this, we will not fail to act on Dr. Heeber's suggestions and "make a thorough examination of the heart, veins, arteries and nervous system collectively. We will find out if we can what region, organ, function, or set of tissues are suffering, or are liable to suffer, from excess or want of action, and address our means and remedies accordingly. We will treat the fever as a friend,—not by inviting nor fostering its too ardent advances any more than we would strangulate the circulation by paralyzing the heart with sedation and favoring the condition of cyanosis. We will rather endeavor to modify excessive action by finding the remedy that will relieve pressure and excitement in the organ or tissue impaired. Our knowledge of the selective affinities of remedies for certain tissues that influence functional action peculiar to themselves, will be put to a crucial test. But the pleasure derived from its study, and the certainty of meeting the indications when the proper selection is made, will be our reward.

It would be tedious and unnecessary to particularize to my readers, but a short generalization may not be amiss. The heart and circulation may work excessively from centric nervous irritation. Then we would immediately think of gelsemium, belladonna, pulsatilla, the bromides, etc. If from want of nervous irritability or "tone," nux and phosphorous, as representatives, will find their place. If from capillary congestion or stasis, that which will remove obstruction by inviting to action the excretory functions, and equalize the circulation derivatively, and in connection with special sedatives, stimulants, or tonics that may be indicated to regulate and support the circulation. While recognizing an exalted temperature and increased vascular movement as a sequence of wrong in the body, and a process set up for its removal, I do not think an excess any more desirable than a flood would be to cure a drought. It is equally irrational to paralyze the heart by heavy dosing with sedatives that may carry with them a greater danger than the condition desired to remedy. The smallest amount of a sedative, with appropriate auxiliaries that appreciably modify excessive action, has invariably given me the best results.

If the pathogenic conditions are well studied, and as great solicitude exercised in regard to the amount of harm a remedy may carry with it as to the amount of good it may do, we need not fear that our reputations will suffer in comparison with the most successful. This is the rule by which I have endeavored to govern myself; and thirty odd years' experience has but increased my confidence in nature's processes to do the rest. If we will let her, we will often be astonished to find how well she understands her own business. Then, if we will remember that we cannot make a direct attack upon the disease itself; that we can only alleviate the severities of diseased conditions, and *assist* nature's processes to heal impaired functions, we will *feel* how insignificant our vaunted claim is, that we *cure* disease with medicine.

TYPHOID FEVER.

BY J. C. ANDREWS, M. D., POMONA, CAL.

WE were not a little surprised on coming to this beautiful valley in Southern California, where so many annually resort for health, to find this dread disease so prevalent. The cause of it thus far remains a mystery ; it is excluded from the water supply, pure artesian water, conveyed by iron pipes, being prevalent all over the country. I am, however, inclined to the opinion that the more prominent cause is the decay of vegetation from the excessive and long-continued drought to which we are frequently subjected. The want of an efficient system of sewerage doubtless is a prime factor in many cases in our city. It is a noticeable fact that all or nearly all cases attacked are those of more or less impaired vitality, from overwork and exposure to the influence of the poison, the system becoming unable to normally perform the functions of digestion, assimilation, secretion, and excretion; thus a retention of excrementitious material in the blood, acting as a further poison to that fluid, overcomes the patient, and the system, being unequal to the task of nature, is prostrated with disease.

Too much care cannot be observed in the diagnosis of this disease; however, it would seem that one could scarcely be mistaken, yet a little experience with the varied forms of invasion in this fever will dispel all conceit from the practitioner. During a season when this affection is prevalent throughout the country, the inexperienced are apt, when called to see a person threatened with fever, to jump at conclusions and call all cases typhoid, whether anything distinctive of this fever exists or not; as is often the case, after a few days of well-directed treatment, the patient recovers, to the surprise of all, when, were it a true case of typhoid fever, it would just be well under way. A person coming down with typhoid fever usually complains for several days of a dull, languid, tired feeling, indisposed to do anything; each successive day only increases his trouble, followed by dizziness, and unpleasant feeling of the head, bad taste in the mouth, tongue coated, complete inability to labor; finally a chill more or less marked is experienced, followed by fever, anorexia, insomnia, general restlessness, bowels constipated, though very susceptible to aperient medicines, though diarrhea may obtain from the commencement of the disease, with gurgling and tenderness in the right iliac region; in severe cases some tympanitis. The urine is usually of a darker color, and diminished in quantity. In some cases after the chill subsides it is followed by violent fever, severe pain in the head, as though the cranium was too small for the brain, flushed face, bright eyes, contracted pupils, which, passing off, leaves the patient in a state approximating coma, which from day to day deepens, and if not relieved by appropriate treatment, the patient dies. The temperature in this disease varies according to the intensity of the poison imbibed and the vitality of the patient, or the time occupied during the stage of incubation, ranging from 100° in the morning to 102° or 103° in the evening in mild, uncomplicated cases, and from 104° in the morning to 105° or 106° in the evening in severe and complicated cases.

As a general rule the diagnosis of typhoid fever will be excluded, unless we have, sometime during the course, a tenderness with gurgling in the right iliac region, with diarrhea and ulceration of Peyer's glands in severe cases.

Having a case of typhoid fever before us, a rational and expectant treatment is to be pursued throughout the entire course of disease, avoiding any and everything that will depress or irritate the system in the least, using such remedies from day to day as are indicated. To slow the full and bounding pulse, removing obstruction to the circulation, veratrum tr. is indicated; with restlessness, nervousness, insomnia, gelsemium is to be thought of. Is there a condition simulating coma, stupor, congestion, belladonna is not to be forgotten. Should there be a trembling of the tongue and muscular system, papilla erect, a pinched appearance of the face, rhus tox. is brought into requisition. If peritonitis should occur, or severe, lancinating pains of any kind in the bowels, with drawing up of the legs and feet, bryonia should not be neglected, with hot applications. If in the commencement of the attack there is a bad taste in the mouth, dirty, sticky, nasty tongue, sulphite of soda is *the* remedy above all others. Is the tongue contracted, mucous membranes red, inclined to brown, mur. acid dil. or hard cider are to be administered. Have we the low, muttering delirium, the surface having the appearance of being exposed to cold, with fetid evacuations from the bowels, baptisia comes in play, and is a most excellent remedy.

If there is an irritable condition of the stomach to combat, remedies to correct this are thought of. If it is simply gastro-intestinal, sub nit. bismuth, with or without morph. sul., is to be prescribed. Should it assume the form of increased secretion from the mucous membranes, with pallor, dilute hydrocyanic acid is to be remembered as *the* remedy *per excellence*. If the mucous membrane is red and dry, peach bark infusion is given until the irritation passes off. Other cases will be met with minute doses of nux or ipecac as indicated.

The administration of suitable food for the sustenance of our patient is a point of no small consideration. Milk, either cold or hot, as is most acceptable to the patient, will usually be found the most reliable. If given hot, salt to taste. Buttermilk is relished if the system or patient craves acid drinks. When the patient is very weak, especially at midnight or in the *early morning hours,* it is to be remembered in order to tide the patient over and through the changes that occur at this time, a wine-glass full of egg-nog or hot milk punch is to be administered, which often insures to the sufferer a few hours of refreshing sleep, thus fortifying him for future troubles.

The excessive heat of surface and high temperature are to be met by sedatives and baths, or hot cloths to the head and bowels, with cold foot-bath. Diarrheas are to be restrained by the use of minute doses of aconite and ipecac, or sub nit. bismuth; if very large and frequent, a dose of tannin may be resorted to. Tympanitis, with tenderness, is to be relieved with stupes of spirit of camphor and turpentine, or olive oil and turpentine applied locally and covered with flannel cloths. The patient's strength permitting he is to be sponged off at least every other day. Sheets and linen are to be changed every day. If in the advanced stage of the disease, where tympanitis and tenderness of the bowels, with diarrhea, have been troublesome, the patient becomes restless and uneasy, frequently changing his position, with fall of temperature and pallor, hemorrhage of the bowels is to be expected, for which carbo. veg. is to be given, or hypodermic injections of ergot.

In the management of convalescence, the nurse or attendants are to be warned about giving the patient more than his stomach will digest or the system assimilate, as it often occurs that a little indiscretion in diet results in the most disastrous consequences.

It will be observed that quinine has been omitted from the list of probable remedies in this paper, as we do not regard it as indicated unless a distinct periodicity manifests itself. Arsenic is a much more valuable remedy in this disease as a tonic and vital stimulant.

The principle which should govern us in the management of a case of typhoid fever is, have everything perfectly quiet and clean as to person and bed-clothes, or as nearly so as possible, and prescribe in minute doses the proper sedative, alternated with the indicated antiseptic, as above described, sandwiched with the most acceptable nourishment, at a time when the patient most desires it, as milk, buttermilk, beef tea, egg-nog, champagne, brandy, and if the patient has the vitality to live, will recover. We must not do too much in this fever.

SOME DOUBTS.

BY G. P. BISSELL, M. D.

THE sole question in therapeutics is to cure, and our first consideration after making our diagnosis of any case is to select those remedial agents that will remove the pathological condition present. Indeed, almost always the mind will leap to remedies even before the diagnosis has been fully established. This habit of mind greatly aids us in getting through work, but it is questionable if it does not sometimes forestall our attention from other and perhaps better remedies, which we might select on reflection.

Be this as it may, probably such is the habit of every physician's mind: hence it is obvious that he should be so well versed in the use of remedies that his mind shall go straight to the one best suited to meet the indications presented. Every day is making a bid for some new remedy which is lauded to the skies for cure of some DISEASE that human flesh is supposed to be heir to, without in any particular specifying the condition of the system of which it is corrective: thus leaving us (if we wish to try the drug) to throw it at the name hap-hazard, without knowing under what conditions we should prescribe it. Witness the *Cudrango, et idem omnes*, for cancer, and the polypharmacy of the old school, as well as that of the omnipresent patent medicine, of every shop.

But it is not the old school alone that is open to this objection, nor of that alone of which I have doubts. I read in the *California Homeopath* that "house-maid's knee" was cured in ten (or fourteen) days by sticta pulmonaria, 30. n. et m. and sticta pul-

200 n. I plead ignorance of the meaning of those figures, but having used sticta a good deal both personally and on my patients I am fain to doubt its efficacy in bursa patellæ, and suggest that the cure was spontaneous from giving the part rest. Again I read of a cure of bronchitis thus: ℞ Sulph., 200 dose, dry. After three days the dose was repeated and about cured in six days. I have seen many a case recover in that length of time without any medication. Just here I will say that I was called about twenty miles into the country lately, but when I got there, the boy was nearly well. Would it be a correct inference that requesting my attendance cured?

Now if these remedies (?) or substances possess so great remedial power as the *Homeopath* claims, it behooves us as conscientious men, and as practitioners of medicine, who have the health of the community more or less in our hands, to know the fact. Any eclectic remedy that I have ever employed has always responded exactly as was expected, when used in those conditions of the system for which eclectics recommend them. Sometimes I have to increase, sometimes diminish the amount in order to get satisfactory results; but the certainty of action is there. But with homeopathic remedies, used homeopathically, I cannot often get the effects which they describe. Will less of sulphur than is contained in a single egg cure bronchitis? Permit me to express doubt.

SELECTIONS.

ABDOMINAL SURGERY AND HOW TO LEARN IT.

(*Concluded.*)

HYSTEROTOMY AND HYSTERECTOMY.

THESE are surgical procedures for incision and excision of the uterus. The influence of such operations on the health of dogs is easily ascertained by experiment, the details of which suggest themselves.

PANCREAS AND LIVER.

Operations on the pancreas and liver have not as yet been brought within the category of surgical procedures.

When the two Bells had their controversy concerning wounds of the pancreas and their surgical terms in the early part of this century, the attention of the profession was for a time drawn to the possibility and practicability of doing something for the relief of abscess or malignant disease of the pancreas.

The experiments which I have made upon the lower animals upon these glands have been merely for the purpose of collecting the pancreatic fluid for physiological study.

I have followed the method described by Claude Bernard in his "*Lecons de Physiologie Experimentale.*"

In a medium-sized dog an incision is made about midway between the umbilicus and the margin of the ribs, a little to the right of the median line. This is carried down through the abdominal muscles and the abdominal cavity opened.

The duodenum is exposed and by drawing it through the wound the orifice of the pancreatic duct into the duodenum may easily be found; by raising the stomach the mass of pancreas is easily disclosed, and through such a wound, every part of the pancreas is easily accessible. Dr. Senn, of Milwaukee, Wisconsin, has made an extensive study of the surgery of the pancreas, making many operations upon dogs.

ON THE LIVER—HEPATOTOMY.

Surgical diseases of this organ are rarely of a character that admits of incision, so that a partial removal of the liver is not likely to do a patient any good.

For the mere purpose of studying the effects of wounds upon this organ, the writer has in animals sometimes opened the front wall of the abdomen of a dog in the median line, and isolated a portion of the liver with an elastic ligature.

The result of all attempts at removal of a portion of the liver has been fatal.

The artificial production of abscesses by the injection of ammonia and other chemicals into the substance of the liver, has in the hands of the writer invariably proved fatal, although it is a well-known fact that abscesses when developing in this organ in the course of disease, are quite commonly opened by direct incision, and in yet other instances work their way to the surface and discharge through the wall of the abdomen. No more interesting field exists than the experimental production of diseases of the liver. The injection of irritants into the biliary passages, thereby causing inflammation, gives the observer an opportunity to make careful study of the influence of bile in the dog economy.

NEPHRECTOMY.

This is an operation upon the abdomen, although it is not usually upon a portion of the peritoneal cavity, for the removal of the kidneys.

It has numbers of times been successfully performed on man.

The presence of stones, abscesses, or cysts in the pelvis, particles or minute portions of gravel may at any time make the removal of the kidney (nephrectomy), or incision in its substance (nephrectomy), a surgical necessity, and our faithful friends, dogs and rabbits, afford excellent opportunity to acquire the manual dexterity necessary for the performance of the operation.

Further, that most frequent disease of the kidneys, Bright's disease, may be studied in all its different phases, by producing it artificially upon these animals.

In man, as in these lower animals, the operation of nephrectomy is usually made through the lumbar region in the posterior wall of the abdomen. The incision is made between the last rib and the crest of the ilium parallel with the external border of the quadratus lumborum muscle, resembling the incision that is made in the performance of colotomy.

When this incision is carried downwards a sufficient depth in dogs, the kidney is found in the bottom of the wound.

Through this wound it is withdrawn. A ligature is passed around the renal artery and vein, in fact all the tissues that enter the kidney at the hylum, and by a stroke of the knife the organ is separated.

The constant fatality from disease of the prostate in old men has led the writer to attempt an operation upon the lower animals with the hope of devising a plan by which the urine might be diverted from the bladder, and that organ thus being at rest, facilitate recovery from diseased prostate.

This operation consists in making an incision in both loins of dogs, precisely as for the removal of the kidney, exposing the ureters, and then stripping them from their adhesions and dividing them, then fixing the proximal ends of the ureters in the wounds in such a way that the urine, instead of going downwards to the bladder would constantly dribble away from fistulous openings in the lumbar region. Sometimes the kidney (nephrectomy) is most easily removed by reaching it through a wound in the median line of the abdomen. The peritoneum must be divided over the kidney before the extirpation can be accomplished.

LAPARO-ELETROTOMY.

Laparo-eletrotomy is a term used to designate an operation for the removal of the child from the uterus without cutting the uterus. It is intended to take the place of Cæsarian section and it is done by making an incision from the spine of the pubis to the anterior spine of the ilium, then cutting through the peritoneum, or pushing it up, the vagina is reached and opened and the child, if presenting by the head, is turned and delivered through the os uteri. It may be practiced upon sheep or dogs. The incision being made from the pubis to the anterior spine of the ilium of these animals, will enable the operator to introduce his hand into the pelvis to search for the vagina and incise it. He will in doing this observe how easily the bladder may be wounded in the removal of a child through the operation of laparo-eletrotomy. Many of the successful cases of this operation have required subsequent operation for vesico-vaginal fistula, and no doubt many of the fatal cases have followed extravasation of urine.

Good surgery would require one making this operation to inject the bladder with warm water or to use other means to find a rent or cut in the bladder, and when found close it with suture passed through its peritoneal coat.

It is difficult after comparing this operation with the Cæsarian section to see where the advantage over the latter is. There might be a fancied advantage if the peritoneum were not wounded, but such a result is quite improbable. The absence of sutures and a large wound of the uterus and the avoidance of the copious hemorrhage which follows the division of the large uterine sinuses in the laparo-hysterotomy operation, one can easily see would be very favorable for recovery. On the other hand, an extensive, incised, lacerated and contused wound of the deep pelvic connective tissue as required in the operation of laparo-eletrotomy would be very likely to set up a very grave cellulitis.

THE UNION OF INTESTINAL WOUNDS.

The union of intestinal wounds by suture was practiced by the early masters of surgery, and it is impossible to give a fair conception of the different methods of employing intestinal sutures without referring to them. Jerome, of Bruynswyke, in his work entitled, "The Noble Experyence of the Verteous Handy Werke of Sergeri" (London, 1525), says: "If that the wound of the belly is not grate inowgh, then shall ye make it greater, as I shall shew you hereafter, then shall you take out properly the guttes and sow it thereafter as it is nedeful with a skymers nedyll. Jamericus, Theodoricus, Rogerius lay elder pypes in the guttes, under the seme, that the seme rotte not. Wilhelmes and some other, lay therin a part of a cryer of a·throte gall of a beest, as the IV masters sayeth. But Zanfrancus and Guide they think it not be profytable, for nature is inclyned to outdrawynge straunge thyngys and thus igt helpe not therefore it was layd, and it is better that the guttes be sowed, as afore is sayd, and that it be clensyed of the unclenes." The four masters mentioned here, practiced in Paris, from 1235 to 1280, many years before Jerome wrote his terse work. They tried to unite wounded intestines by bringing the cut surfaces together over cylinders of dried intestine, bone, tallow, wax and almost anything that could be made to fill the lumen of the bowel and hold the cut edges in apposition. These various articles were expected to pass away by stool. Other French surgeons devised certain rings and ferrules of metal to be used in accordance with the principles laid down by the four masters, but no one nowadays thinks of resorting to such cumbrous methods. It requires just as much skill in the use of the needle to sew the wounded bowel over any of those things as it does to make the suture of Lembert.

Glorei's suture is formed by passing the needle obliquely through the sides of the wounds when held together by an assistant.

LOOP SUTURE OF LEDRAU.

Having prepared as many ordinary sewing needles and threads as wished to make stitches, the edges of the wound well approximated, and each needle passed transversely to the line of the wound, the threads on each side being tied together, the two bundles were collected together and twisted into one, so as to pucker up the edges of the wound.

LOOP SUTURE OF PALFYN.

A ligature being passed through the middle of the wound in the intestine so as to leave a loop on its inside, the ends were left out of the external wound, so as to draw the serous coat of the intestine up to the peritoneum lining of the abdomen, after which the abdominal wound was closed and the threads fastened upon the skin by adhesive strips.

SUTURE OF HEYWARD.

A small, thin, and oiled piece of light wood, twelve to fifteen lines long, and four to six broad, being first introduced into the intestine at the wound with a piece of thread attached to it, each end of the thread was armed with a needle. After passing each needle from one side to the other, from the inside outward through the thickness of the intestine, and also of the abdominal parietes, the wooden plate was drawn upon so as to compress the peritoneal coat of the intestine against the serous lining of the abdomen, and close the wound hermetically. When the adhesions thus excited seemed to be sufficiently strong, that is, in about three days, the thread was withdrawn, and the little plate of wood left to be discharged by stool.

SUTURE OF GELY.

After cleansing the edges of the wound this surgeon turned in the serous surface on each side with the needle, and passed the threads transversely through them at sufficient distances to keep the serous membrane of each side in contact. Then the ends, being knotted and tied as in the interrupted suture, were left to come away by stool, or they were twisted and brought out of the wound, as in the suture of Ledrau.

BERTRANDI'S SUTURE.

The lips of the wound being approximated, pierce them both rather obliquely about two lines from their edges, and one from their extremity. Then repassing the needle in the same way on the opposite side, two lines further on continue them in the same direction to the other end by a series of equal stitches. The intestines being reduced, fasten the end upon the abdomen, and three days subsequently cut off one end of the thread near the wound and draw out the other.

SUTURE OF LONGITUDINAL WOUN S.

SUTURE OF RAMSDOHR.—Invagination of the two ends of the intestine being accomplished, this surgeon stitched them together by two or three points of the interrupted suture, reduced the intestine and left the suture to the efforts of nature. If the mesentery interfered with the invagination, he excised it to a sufficient extent.

SUTURE OF JOBERT.—With a piece of silk passed at each end into a needle, Jobert operated as follows: After traversing the anterior part of the upper end from without inward with one needle he then passed both needles from within outward through the lower end of the intestine, and after placing as many threads in this manner as were sufficient to unite the wound, invaginated the intestine by gentle traction upon the thread, and either knotted them on the outside of the inferior end or brought them out of the wound and the abdomem.

SUTURE OF LEMBERT.—After preparing as many threads, each armed with needles, as seemed requisite, one needle was pushed through the coats of the intestine as far as the mucous membrane from without inward and then repassed from within outward, so as to come out about one line from the edge of the wound. Then passing it across the fissure, he carried it from without inward at a similar distance from the opposite side of the wound and brought it out again at a distance of about three lines from its point of entrance. All the threads being passed in a similar way, the serous surfaces were brought in contact, so as to force the lips of the wound to double inward and form a sort of valve, after which the knots were tied, the ends cut off, and the intestine reduced.

EMMET'S SUTURE.

With threads, each armed with two needles, as many of these loops as the size of the wound may require are placed, and the opposite ends of the ligatures are tied together. Emmet claims that it obviates some of the weightier objections to the methods of Lembert.—*Hal. C. Wyman, M. D., in Medical Age.*

CÆSARIAN SECTION.

MRS. SALTER, aged 28, the wife of a coal miner living at Salineville, O., four feet in height, usual weight sixty-five pounds, a patient of Dr. J. A. Sapp, of the same place. This is her fourth impregnation, the former three going to full term and each in succession being destroyed in utero. It was the wish of the parents to have a living child, so, a few days previous to this last confinement, she was sent to Huron Street Hospital.

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Labor began in the morning of December 16. Her case was carefully watched by Prof. J. C. Sanders, Drs. J. A. and L. W. Sapp and Myra K. Merrick. Before completion of first stage of labor, in consultation with the above doctors, it was decided to perform the Cæsarian section, the deformity of the pelvis warranting such an operation. A 9 o'clock in the evening of the same day, with the assistance of the above and Drs. A. K. Smith and J. Kent Sanders, the operation was performed.

An incision, extending from the umbilicus to a line above the symphisis pubis, was made down to the uterus, which was then firmly fixed. An incision in the uterus was made six inches in length, and the child quickly removed with the afterbirth, the uterus being grasped to assist contraction. Eight deep sutures of catgut and eight superficial completed the uterine operation. No fluid was allowed to get into the abdomen, which was closed with silk sutures, and a drainage tube inserted through the neck of the womb into the vagina. No unpleasant symptoms arose during convalescence.

The treatment locally used was calendula and glycerine in the proportion of one to eight, the main remedy being arsenicum.

The mother and child returned home within a month after the operation, and up to the present are well.—*Pro. H. F. Biggar, M. D., in Physicians' and Surgeons' Investigator.*

CONTINUOUS IRRIGATION AS A MEANS OF ARRESTING SEPTIC INFECTION IN A CASE OF LAPAROTOMY FOR A DIFFUSED SARCOMA OF THE BROAD LIGAMENT.*

CASE I.—I was requested to examine a married woman, mother of three grown children. She was a white woman about forty years of age, and had been the subject of metrorrhagia for several years, with periodical hemorrhages, supposed to coincide with her regular monthly periods. She was greatly reduced in flesh and strength, being for the most part confined to her bed. Physical examination revealed no abnormality about her genital system, except an interstitial fibroid. After dilating the cervical canal I found the fibroid pushing its way into the cavity of the uterus, and hoped to be able to remove it with an ecraseur. Dr. I. Balaam Stephens was called in consultation. The patient was anæsthetized and an attempt made to throw the chain of the ecraseur around the tumor, but each attempt was foiled by the chain slipping off. Finding it impossible to remove the growth in this way, I attempted its removal by enucleation, making a crucial incision into the capsule, then attempting to hull it out, as it were, with my fingers. I could not dislodge the tumor entirely from its bed. Seizing it with a volsellum forceps, and drawing it low down, I removed the major portion with a pair of scissors, curved on the flat, hoping then to remove the balance, but could not. The patient lost but little blood, and seemed to do well until the third day, when contractile efforts of the uterus became severe. Notwithstanding antiseptic douches had been freely used, there was a free discharge of fetid matter per vagina. Dr. Stephens was recalled. Examination disclosed a mass of stinking disintegrating tissue as large as an orange, which proved to be the remainder of the fibroid. It was now removed, or at least such part of it as had been discharged from its bed by uterine contractions. At my evening visit I found my patient suffering with sick stomach, retching to vomit continually. Her pulse was 120, temperature 102°, with a pinched, cadaveric appearance of her features. At ten o'clock P. M. I was called and found my patient had a severe chill. Her pulse was now 140, temperature 105°; vomiting freely. There still remained a portion of the mass which had not sloughed away. Indeed, the entire cavity of the uterus seemed a mass of disintegrating tissue. My patient was now in a condition of extreme peril. The evidences of pyæmia were unmistakable, with the prospect of further rapid septic absorption, which must prove fatal. The question was how to arrest further absorption. It occurred to me, if I could wash the putrid matter away as rapidly as it accumulated, I might prevent further absorption. I remained with my patient all night endeavoring to render and keep the uterine cavity as nearly aseptic as possible by frequent douching with the nozzle of the syringe passed into the cavity, which was easily effected, as the cervix was still well dilated. By morning I had demonstrated the fact that I was on the right road, but had not yet reached the ideal method of rendering a suppurating internal organ perfectly aseptic. It then occurred to me I would adopt a method of continuous irrigation, such as I had frequently used in external wounds, as, for instance, compound comminuted fractures. All necessary arrangements being made, I commenced continuous irrigation, at a temperature of 105°. This seemed not only to wash away the disintegrating tissue, but came to nature's aid by assisting in establishing a line of demarkation; this every surgeon has observed, in external wounds, under the application of a hot poultice, the hot water taking the place of the poultice. The constitutional requirements were met by quinine, stimulants, nutritious diet, perfect quietude, and hopeful assurances as to recovery.

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*A paper read at the Gynecological Association, at Birmingham, Ala., October, 1887.

The irrigation was kept up for a week, by which time my patient was convalescent, and continued in most excellent health, never having suffered from hemorrhage since.

CASE II.—A bright mulatto girl, age twenty years. Mother of one child three years old. Was admitted to the city hospital June 11, 1887. Her clinical history gave evidence of perfect health until a few weeks before admission.

The first indisposition that attracted her attention was a sense of weight and general discomfort in her pelvis, supposed by her to be some affection of the womb. From this time on, her uneasiness and local symptoms continued to increase, until she finally sought admission to the hospital. At my first morning visit after she came I was attracted by her bright, cheerful countenance and hopeful demeanor. Her general health, although beginning to suffer considerably, would not be noticed by a casual observer. Physical examination of her genital system revealed a tumor occupying the left latero-posterior region of the pelvic cavity, projecting obliquely across the pelvis, being distinctly felt in the right iliac fossa, slightly above the superior strait of the true pelvis. The growth was tender on pressure, firm, elastic, and slightly irregular in contour. No fluctuation could be felt. The case presented so much obscurity and interest that I was induced to invite a consultation, consisting of Profs. Duncan Eve, J. S. Cain, and J. Bunyan Stephens. After a painstaking and careful examination, and thoroughly canvassing the prominent features of the case, it was decided to wait a short while and watch for further developments.

One week later my consultants were recalled. Since our last meeting she had evidently lost ground on the score of general health. Her pulse now registered 110, temperature 101°, respiration 24. The tumor had grown with wonderful rapidity, having extended up into the abdominal cavity, filling up the lower abdominal region and reaching up almost to the umbilicus. The pelvic portion of the tumor had likewise increased until the cavity was fully occupied. The uterus was found hugging the symphysis pubis closely, and was firmly fixed in its position. The sound entered the organ without difficulty two and one half inches, and so far as could be judged it was normal, except as to position.

The failing health of my patient, with the rapid growth of the tumor, caused me to raise the question of malignancy, and the probability of adjacent tissues being involved. The obscurity of the case, the uncertainty of the diagnosis, its probable malignancy, with a probability of being unable to remove it, all militated against a laparotomy. It was, therefore, determined to make an exploratory incision, hoping this would throw additional light upon the case, and afford a guide to further procedures. Every preparation necessary to meet any emergency that might arise in the progress of the operation, together with the proper care of my patient afterwards, according to the most improved methods, being made, assisted by Profs. J. S. Cain, J. Bunyan Stephens, Dr. Ernest Stephens, and hospital internes J. S. White and W. F. Crunk, the patient being anæsthetized with sulph. ether, I made an exploratory incision in the linea alba, midway between the umbilicus and symphysis pubis, four inches in length. Nothing unusual was observed until the peritoneum was incised, which brought to view the omentum, so much thickened and altered in appearance as to render it unrecognizable. Cutting through and pushing this aside, I now came to the wall of the tumor, which presented a dark, dirty, reddish hue. Passing two fingers into the incision I found the tumor adhered to everything it came in contact with; but as the adhesions were easily broken up, I soon separated it from its adhesions as far as I could reach, with my fingers. I now determined to enlarge the incision and proceed to the removal of the growth, believing I would be able to remove it in its entirety. Passing my hand into the left side I readily detached the tumor from its adhesions until I came down to the brim of the pelvis, which was so completely filled with the growth that I could not separate it from its adhesions. I now passed my hand into the right side, from which I was endeavoring to separate the tumor, when I came in contact with a soft, boggy, friable portion of the cyst wall, near the spinal column, which I accidentally ruptured, giving exit to a large quantity of colloid matter, pus, and lymph, which being intermixed with blood, was welling up in great profusion. Finding the posterior wall of the cyst so fragile that it would not bear separation, I thrust my hand through the opening in the cyst wall, breaking up the semi-solid mass of colloid matter, lymph, and pus, and scooped it out as rapidly as possible, both from the abdominal and pelvic portions of the tumor. Having removed the contents of the cyst, nothing remained but the torn, fragile cyst wall, which at some points seemed so rotten as to be easily torn asunder. Seeing that it was impossible to remove it entirely, or to include its edges in closing the abdominal incision, I determined to tear away gently all of the cyst wall that I could in this way, leaving an unseemly mass of the cyst in the abdomen, and all of it in the pelvic cavity. The shock from the serious injury inflicted by the operation, augmented as it was by the profuse hemorrhage, was now most profound. Having at hand an unlimited amount of sterilized filtered water, at as high a degree of temperature as I could bear my own hand in, with the double object in view of overcoming the profuse hemorrhage, which was pouring from the surfaces recently separated from the tumor, and of overcoming the shock, the abdominal cavity was filled with the hot water, in which I had kept my hand for the purpose of washing and cleansing the abdominal cavity. The water was poured in without stint until it came away comparatively clear, when the incision was closed in the usual way with silver sutures, placing a glass drainage tube at the lower angle of the wound, passed carefully into the cavity of the cyst in the pelvis. The patient was now placed in bed, the hemorrhage being overcome, except slight oozing, as evidenced by the discolored fluid in the drainage tube, but still in a condition altogether so critical as to render hope of recovery almost extinct. The bloody serum was now sucked out through the drainage tube, and a solution of mecurica bi-chloride 1-2000 passed into the cavity, and allowed to remain, with instructions to the interne who superintended the case, to remove it as soon as it became discolored with blood.

(*To be continued.*)

INFECTIOUS NATURE OF TRAUMATIC TETANUS.

DR. E. O. SHAKESPEARE, of Philadelphia, read a paper on the above subject in the Section on the Pathology of the International Medical Congress. At the close he gave the following valuable conclusions:—

Several autopsies of the tetanic animals were made, and they invariably showed intense congestions of the lungs, tracheæ, and kidneys. Sometimes there was congestion, oftentimes none at all, of the central cerebro-spinal nervous system. The mucous membrane of the stomach was apparently normal.

Conclusions drawn from the author's personal researches:—

1. Traumatic tetanus of the horse and mule is at least sometimes, if not always, an infectious disease, transmissible to other animals, and therefore possibly also to man; and during the progress of this disease a virus is elaborated and multiplied which is capable of producing the same infectious disease in some other animals when placed beneath the dura mater of the cerebrum.

2. This virus is contained in the medulla and spinal marrow of the animal suffering with the disease. It is, like the virus of hydrophobia, capable of being strengthened in virulency by inoculation sub dura cerebri from rabbit to rabbit; and, like the virus of hydrophobia, is capable of attenuation by exposure for a suffi-

cient time to the action of dry air at a temperature of summer heat; and, still again, like the rabic virus, its effects are far more intense when the virus is inserted beneath the dura mater cerebri than when injected beneath the skin or between the muscles of the back.

3. The author reserves his conclusion concerning a prophylactic effect of inoculation of the attenuated virus until the completion of experiments which are at present in progress.

Conclusions drawn from the author's experiments when correlated with those of Nicolayer, Carle and Ratone, Rosenbach, Ferrari, Flügge, Hochsinger, and others:—

Traumatic tetanus of the lower animals and of men—at least sometimes, possibly always—is a specific infectious disease, due to the action of a specific infectious virus, which exists in the tissues at the seat of infection, in the blood, and in the central cerebro-spinal nervous system.

In view of experimental evidence which we possess at present, and of many unassailable observations of numerous surgeons and veterinarians, there seems to be ample warrant for the admission that not infrequently tetanus in man is acquired directly and indirectly from some of the domestic animals by which he is surrounded, and notably from the horse.—*Medical World.*

TREATMENT OF ANAL FISSURE AND HEMORRHOIDS BY GRADUAL DILATATION.

ANAL fissure, or irritable ulcer, according to statistics, ranks third in frequency among the diseases of the rectum, is found in the infant as well as in the octogenarian, and is due principally to the passage of hardened fæces through the sphincters. Although insignificant in character, it causes fully as much exquisite agony as any ill that human flesh is heir to. Very many simple fissures get well promptly, but where, by frequent mechanical irritation, they come to stay, it is then that beneficial treatment is desirable. Many cases will, however, refuse a radical operation, and for this reason Dr. H. O. Walker (*New York Medical Journal*, July 30, 1887) recommends the treatment of such cases by gradual dilatation. He was led to employ this process in a case which refused operation, and in which various forms of treatment by suppositories failed to produce relief. Dr. Walker in this case introduced a bivalved rectal speculum, slightly separating the blades, and allowing them to r main *in situ* for about two minutes. This procedure was continued daily, gradually increasing the dilatation at each sitting until the blades were separated to their fullest extent,—about two inches in diameter. This treatment was continued until there was an entire subsidence of all previous symptoms, with a full healing of the fissure and hemorrhoidal tumors and disappearance of constipation; entire treatment lasted about five weeks. Dr. Walker likewise reports in detail four other cases taken from a record of upwards of fifty, which he has treated by this method, and which he considers are fair representatives of the character and results of the whole. In all of these cure was produced. In conclusion, he recommends the treatment of anal fissure and hemorrhoids by gradual dilatation, on the following grounds:—

1. It is almost painless, at least after the first two or three distentions.

2. It does not tear the parts, nor does it produce paresis, as occasionally occurs after forcible dilatation.

3. Neither does it leave cicatrices that are apt to produce stricture, as in the method of hypodermic injection or ligature of hemorrhoids.

IS THE CHILD DEAD?

FROM a medico-legal point of view the duty of the physician to observe carefully and in detail the signs of life in the child at the moment of birth is no uncertain one. This duty is also a moral one, but it carries with it important legal consequences, which aspect of the question we propose here to briefly discuss.

The answer to the question in our heading will often determine valuable civil and marital rights and the descent and distribution of property, and in criminal cases—especially those of probable and suspected infanticide, where the very crime itself presupposes a live birth and its subsequent destruction—be the means of punishing the guilty or exonerating the innocent.

The civil features of live birth and the rights which flow from it, are obscured by our wish to consider the subject as a purely criminal one. Important civil rights flow from it, as we shall presently show.

The common law which seeks to enforce the natural obligation of the husband to support the wife and children of the marriage had at an early day a corresponding privilege in the husband engrafted upon it, *i. e.*, the right of the husband upon the happening of certain prescribed events to enjoy the estates of inheritance of his deceased wife during his natural life. This right in the husband, known in law as an estate by curtesy, has come down to the present time and is distinctly recognized as part of the law of this State (Tremmel *vs.* Kleiboldt 75 Mo. 255).

The events which must concur to give effect to this estate of the husband are: (1) Marriage, (2) siezin of the wife of an estate of inheritance, (3) birth of live child, (4) death of wife. The consideration of only one of these precedent conditions will be attempted here. The question as to whether or not there has been a birth of a live child is the only one of medico-legal interest.

In law—whatever may be the physiological meaning of the term—by "live birth" is meant that the child must be wholly and completely born, that is, its body and all its parts must be external to and detached from the mother, and after this event the child must be alive, but it is not necessary that the separation be complete—as that the umbilical cord be severed. That may still connect the child with the mother and yet the child for all legal purposes may be born alive.

Some of the deepest questions in physiology—and indeed in psychology—arise out of the question, "What constitutes life?" but the law wisely refrains from entering the lists in behalf of any of these recondite theories and arguments advanced on the one hand, and contended against on the other by physicians and psychologists equally learned and skilled in knowledge of their respective sciences.

The law, while it fixes no absolute rule by reference to the which question of live birth can be determined, yet establishes what it will consider the best evidence of that fact. Movement of the child after birth—even very slight twitching of the muscles or lips—has been held sufficient evidence of life, at least for civil rights.

The old Scotch law-makers, however, with a presumptuousness hardly pardonable, but with a professional pride almost admirable, brushed aside the conflicting opinions of physicians and psychologists, and arrived at what they deemed no doubt the commonsense conclusion of the matter. If the child cried it was born alive, if it did not then it was dead for all civil purposes. In this connection an article on "Posthumous Delivery," in a late number of the *Medical Review*, is of interest, as it suggests questions which have arisen and are likely hereafter to arise in determining civil rights and the enjoyment of property. The learned writer of that paper observes that "all obstetrical writers agree that the fetus may survive the death of the mother for a certain length of time," etc. The writer then proceeds to urge upon the profession the duty of using every means known to medical skill to effect a post-mortem delivery where there is any hope of saving the child. Outside of the moral aspect of the case, it has an important legal phase, which the physician is apt to lose sight of.

Suppose the mother be seized of an estate of inheritance, and the other conditions which we have noted as being necessary to entitle the husband to curtesy have been fulfilled, and the child is born with the faintest sign of life before the death of the mother, then whether the child dies or not the husband will be entitled to the enjoyment of a life estate in the property of the wife. If, however, the child be born dead, or if it be delivered after the death of the mother, although alive, the husband will not be entitled to this curtesy—in the one instance the maxim of the common law, *Mortuus exitus non est exitus*, applies—and in the other the reason of the rule which debars the husband from his curtesy is that at the instant of the death of the wife, which terminates the marriage, one of the conditions (*i. e.*, that there be issue of the marriage born alive) the evidence of which the law declares

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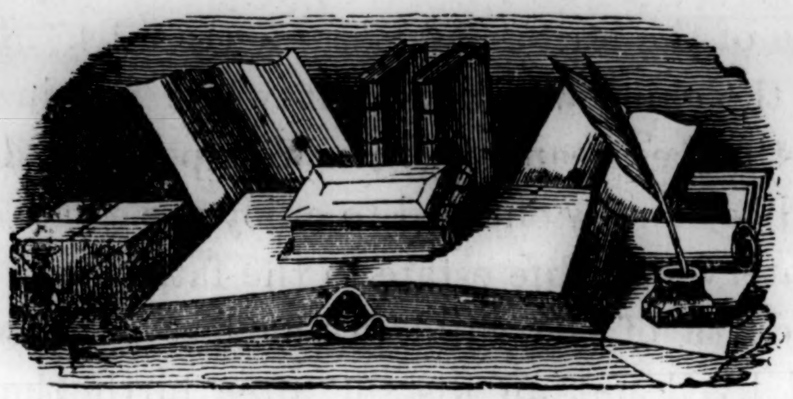
necessary to vest the estate in the husband, has not been fulfilled, and the estate of the husband consequently falls. Under such a state of facts the child would inherit while yet in the mother's womb, and if the Cæsarean operation were performed and the child lived it would be equally entitled to enjoy the estate of the mother without an intervening life estate in the father.

Upon the death of the child in the last supposed case, even though it had lived but an instant after birth, the heirs-at-law, not of the wife or husband but of the child, would inherit the estate.

From the physician must come the most vital and decisive evidence of the fact of live birth, and to the end that that fact may be established or denied beyond peradventure in courts of law where the question arises by testimony of the most valuable and trustworthy character, and the enjoyment of estates be secured to the rightful heirs, his testimony and data upon this point should be as clear, positive and convincing as the nature of the subject admits.—*Wm. H. Scudder, Jr., in Weekly Medical Review.*



EDITORIAL.

Changes in the Journal.—When the California Medical College was removed to the city, it was felt that the JOURNAL should emanate from the city also. After some delay it has now been decided to have the place of publication of the JOURNAL in San Francisco. This will necessitate some changes.

Dr. H. T. Webster will still stand as editor-in-chief, while Dr. H. B. Mehrmann, who has for some time been business manager, will retire to be succeeded by Dr. D. Maclean, of 330 Sutter Street, San Francisco. Original articles for publication should be addressed to Dr. H. T. Webster, Clay Street, Oakland. Business letters, subscriptions, etc., should be sent to Dr. Maclean, San Francisco. We hope to retain Dr. Mehrmann as contributor. During this year, we trust to enlist the co-operation of a large number of progressive physicians (on both sides of the Sierras) both as contributors and subscribers. The writer of this was one of the first to propose to the late Dr. Webb the desirability and importance of establishing a live medical journal in connection with the college, and he would like to see it a grand success.

We are safe in asserting that there is not a medical journal in the country or in the world that has done more for progressive medicine and more to bring about a better practice of medicine than the *Eclectic Medical Journal* of Cincinnati, over which our friend J. M. Scudder presides. There is room for more such journals and on this coast we have the men to make such a journal, and we say to one and all, Come to our help; come with your subscriptions; come with your original communications till the CALIFORNIA MEDICAL JOURNAL in point of literary merit, in point of practical importance, is second to no medical journal in the land. We would all like to see the JOURNAL succeed. A little help from all our friends this year will make for our JOURNAL a grand success.

J. FEARN.

The State Medical Society.—The annual meeting of the California Eclectic Medical Society convened in San Francisco December 13, President G. G. Gere, M. D., in the chair, there being a full attendance of all the other officers, also Board of Censors and Board of Examiners. The meeting was such as to reflect great credit upon all connected with our school of medicine and one which caused our gray-haired "daddies" to smile and exclaim in delight that the cause was really gaining re-enforcements upon the Pacific Coast. The country attendance was very large, about 200 being present from various parts of the State. In the evening session and that of the second day many more attended.

During the session papers were read by the following doctors: J. C. Stout, of San Jose; John Fearn, of Oakland; W. O. Wilcox, D. Maclean, of San Francisco; C. F. Young, of Berkeley; F. Cornwall, of San Francisco; A. W. Bixby, of Watsonville; J. G. Pierce, of Sebastopol; M. H. Logan, of San Francisco; J. W. Wright, of San Francisco; W. C. Harding, of Suisun, and many others.

The following new members were elected to fellowship: Drs. G. W. Burleigh, H. S. Turner, T. H. Johnson, of Oakland; James H. McDonald, of San Jose; W. F. Gates, Moore's Station; M. V. Yancy, San Francisco; J. W. Huckins, Plymouth; Alfred de Marconnay, San Francisco; A. B. Butler, Grangeville.

The following officers were elected for the ensuing year: President, Dr. F. Cornwall; First Vice-President, Dr. F. P. Mitchell, Redding; Second Vice-President, Dr. J. G. Pierce, Sebastopol; Recording Secretary, Dr. M. H. Logan; Corresponding Secretary, Dr. John Fearn; Treasurer, Dr. O. P. Warren, Oakland.

Board of Censors: Drs. J. A. Bainbridge, Ripon; M. V. Yancy and G. W. Stout, Ukiah.

Board of Examiners: Drs. D. Maclean, G. G. Gere, H. B. Mehrmann, M. H. Logan, H. T. Webster, F. Cornwall and J. P. Schmitz.

The Board of Examiners will meet as heretofore on the second Thursday of each month, at the office of G. G. Gere, M. D., 112 Grant Avenue, San Francisco. M.

H. T. WEBSTER, M. D., one of the editors of the CALIFORNIA MEDICAL JOURNAL, is gone! He escaped from this beautiful city of oaks between two nights and was seen traveling eastward. Though his departure was without ceremony, and to many of his friends a genuine surprise, yet justice to the Doctor compels us to say that we believe he has not gone to Canada to join the American colony. So far as the investigation has gone no crookedness has been discovered in his accounts, but all is serene in that direction. The fact is this: For several years the Doctor has been halting between two places for a home. Old associations and old friends have been drawing him back to Ohio. But the longer the Doctor stayed in California the more he felt persuaded that of all places in the world to make a home California was the best, and of all places in California, Oakland stood at the head. So the Doctor has bought him a home in our fair city, and now has gone to Ohio to bring out his wife and children to occupy that home. The Doctor expects to get back by Christmas. Soon after that time we expect the Doctor will begin a regular onslaught on rectal pockets, papilla, constricted sphincters and other such like conditions and things which are supposed to infest the nether vent of the *genus homo.* To those of our readers who are sleeping in blissful ignorance of having any trouble of this kind, we would say, Do not be too sure, for the Doctor has a keen eye for pockets, etc., besides he has invented a peculiar hook with a knife in the curve, and it is surprising to see what pockets he fishes up in a seemingly smooth and innocent-looking rectum.

A word to the wise is said to be sufficient—therefore we say to those afflicted with pockets, etc., and also to those who are sure they have no pockets, Look out!!! F.

Farewell.—For several years past we have worked earnestly for the benefit of the only mouth-piece of the eclectic school of medicine on the Pacific Coast, the CALIFORNIA MEDICAL JOURNAL, and though our arduous labors may not have been appreciated by some, there are those among our readers who may have gained at least an infinitesimal knowledge of something that will cause them to reflect with credit on those who strove to give them their dollar's worth per year.

To the uninitiated it may seem exceedingly simple to be in some manner, shape or form connected with the press. To be but an editor, yea, even an associate editor, may be the highest point to which the ambition of some do soar. That point gained, they would revel in the glory to be derived only from their exalted station. But to those who have served their term it is quite different. The glory that might be thought to exist therein is but the ingratitude of those from whom we would least expect it. To the conscientious journalist who works not for journal gain, not through any selfish motives to elevate himself, this fact, the unthankfulness of others, is a constant barrier in his pathway. To see the mote in the eyes of others, but never the splinter of enormous dimensions in their own, is apparently the nature with which many are endowed. Thank Heaven that we are not of that class of things in human disguise. On the other hand, there are those who are ever willing to lend a helping hand and to do by others as they would be done by. To those we extend our heart-felt thanks and sincerely hope we may be enabled at some time in the near future to return with many thanks the favors they have shown us.

With this, the January number of the JOURNAL, our journalistic life ceases, at least for the present. We have labored zealously to bring the JOURNAL to that standard as an advocate of eclecticism to be equaled by few, excelled by none. Still we have not succeeded so well as we desired. In fact, we have failed in doing this to a great extent; nevertheless, we wish it to be understood that any errors or short-comings that may have occurred were deeds of the mind not of the heart.

In conclusion, permit us to say that no longer shall our editorial scissors be busily engaged; we have carefully folded them together and laid them to rest. Those, however, in the hands of the new management, we are satisfied in our own minds will do more effective work. They are more ably qualified to advance thee, dear JOURNAL, along the highway to prosperity, than we. May their pathway be strewn with fragrant flowers, as ours has been with unsavory chestnuts. Farewell. M.

NOTES.

THROUGH association with men of depraved habits, monkeys have been known to fall victims to the alcohol habit and drunkenness. It seems cruel for a fallen man to thus drag down his ancestors.—*Ex.*

"DOCTOR, what kind of a man is your neighbor?" "I don't think much of him, replied the doctor dubiously, "or his family either." "Do they annoy you?" "No, but I've been located in this town for three years and none of them have been sick yet."

"WHERE are you going to locate?" asked one young doctor of another. "I don't know. I was thinking of going to X——." "Don't do it. They tell me there is a general stagnation of business there." "That's it. Stagnation produces malaria, you know."

THE *Medical Age* says that a physician who prescribed belladonna for sterile women, has found that after taking it for several weeks they have become pregnant. It therefore advises married women to let it severely alone!—*Physicians' and Surgeons' Investigator.*

I USED Tongaline for Frontal Headache of the most aggravating character, which accompanied a severe attack of Typhoid Fever and secured entire relief for the patient within a very short time. R. C. CRAWFORD, M. D.

Hart Co., Ill.

Wife (to sick Prohibitionist)—"The doctor says, my dear, that you must take whisky to tone up your system."

Sick Prohibitionist—"Well, if I must, why of course that settles it, but whisky is an awful curse. How much am I to take?"

Wife—"A teaspoonful twice a day."

Sick Prohibitionist—"Great Heavens! is that all?"—*Ex.*

"DOCTOR, what do you think of the new treatment for consumption by injecting carbonic acid into the rectum?"

"Well, it certainly distracts the mind of the patient for a while, and may do good by its moral effect by making him think of his latter end; he becomes, as it were, conscious of his rectum, as the school-boy rendered *mens conscia recti*. He may even 'bacilli' enough to cherish the hope that he is getting cured, and is taking a short cut to health over this *pons asinorum*, but I regret to say that I think it will end as it began—in gas."—*Medical World*.

SUCCUS ALTERANS IN RHEUMATISM AND SYPHILIS.—We are reliably informed that the preparation Succus Alterans (McDade) is becoming a very popular remedy with the profession, and being very extensively prescribed in general practice as an alterative tonic, aside from its use in syphiltic diseases. The good results from its use in treatment of rheumatism, of chronic character especially, is worthy of consideration. The remedy is certainly growing in favor, and as no great claims have ever been made for it, but simply placed upon its own merit, we think it could possess no higher recommendation.—*Indiana Medical Journal.*

HORSFORD'S ACID PHOSPHATE.—No difference of opinion exists among high medical authorities as to the value of phosphoric acid and the phosphates, and no preparation has ever been offered that so happily meets the general want as Horsford's Acid Phosphate. It is the same acid that is found in wheat and other cereals, and is not only a medicine, but a scientific preparation which has received the sanction and commendation of leading physicians of America. Horsford's Acid Phosphate is especially recommended for dyspepsia, mental and physical exhaustion, indigestion, headache, wakefulness, nervousness, impaired vitality, etc., etc. For sale by all druggists and dealers in medicine.

A RECEIPT FOR A GENIUS.—Take a number of sound, strong, powerful stocks, endowed with unusual energy and application, but varying in personal characteristics, and include amongst them a considerable number of races, dispositions, and temperaments. Mix, by marriage, to the proper consistency; educate the offspring liberally, broadly, and diversely; let these again intermarry with other similarly produced, but individually dissimilar, idiosyncrasies; and look for a genius in the fourth or fifth generation. Among a resultant five hundred persons, we may expect a majority of average fools, a minority of modest modiocrities, a few able people, and—*if he lives*—perhaps one genius.—*L. L., in Medical World.*

FOR FUNCTIONAL IMPOTENCE.—"Jacobus" offers aid to "Jack" as follows:—

Make a tincture of percolation of 4 oz. of chimaphila to 1 pt. of gin. Dose, one-half a wineglassful three times a day, before eating.

Or

℞ Ext. vanilla.
Syrup of each, f℥ij.
Tinct. cantharides, fʒiij.

M. Sig.—One teaspoonful four times daily.

While using either of them paint the organ and the region of the prostate gland with tincture of iodine.—*Ex.*

AN ALVINE MOTOR.—Various are the means resorted to for the relief of chronic constipation, but unfortunately most of them are, in a sense, futile, since the effect is but temporary. Dr. George W. Hoagland, of Columbus, Ohio, writes that he uses "ELIXIR PURGANS" (LILLY) with the very greatest satisfaction and cordially recommends it to other practitioners. This preparation is used extensively in Carney Hospital and the Lying-in Hospital, in this city; the Children's Hospital, New York; the New York Opthalmic Hospital, and others, while it is held in high esteem by a large number of physicians. Dr. G. A. Jordan, of Worchester, Mass., says it is certainly the best "*alvine motor*" he has ever used, and that it gives satisfaction in every instance.—*Mass. Med. Journal.*

THE *Current News* relates an instance of the vitality of the human hair after death, and its ability to grow in length; the man at the time of his death was bald-headed and without any beard. Seventeen years after, the body being exhumed, the beard was found to be two inches in length. The editor of the *Register* explains it by saying that the hair did not grow but the skin contracted, pushing out the hair from within the follicle, thus giving the impression that it had grown after death. Very plausible, perhaps, if the hair had been lengthened a sixteenth of an inch, but we did not know that there were two inches of hair oiled up in a follicle, ready to be extended after death. A much simpler explanation is that the instance mentioned was a lie. Correct.—*Weekly Medical Review.*